B22C (Official Form 22C) (Chapter 13) (01/08)

In re Christ	opher D Wyman	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:	08-33171	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.						
	b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	ne") for Lines 2-10 Column A Debtor's Income	Column B Spouse's Income				
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 0.00	\$				
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. Debtor Spouse						
		\$ 0.00	\$				
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 0.00 \$ b. Ordinary and necessary operating expenses \$ 0.00 \$ c. Rent and other real property income Subtract Line b from Line a	\$ 0.00	s				
5	Interest, dividends, and royalties.	\$ 0.00	s				
6	Pension and retirement income.		-				
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	\$ 0.00	\$				
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	\$ 0.00					

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse		
	a. contribution from girlfriend \$ 250.00 \$	00 0	
	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9	00 3)
10	in Column B. Enter the total(s). \$ 250. Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter	00 \$	ò
11	the total. If Column B has not been completed, enter the amount from Line 10, Column A.		250.00
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	250.00
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		
	c. \$		
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	250.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	3,000.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 1	\$	43,123.00
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.		
17	■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment p top of page 1 of this statement and continue with this statement.	eriod	is 3 years" at the
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme at the top of page 1 of this statement and continue with this statement.	nt pe	riod is 5 years"
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME		
18	Enter the amount from Line 11.	\$	250.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.		
	Total and enter on Line 19.	<u>_</u>	• • •
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	0.00
20	The state of the s	\$	250.00

21		lized current monthly income result.	ome for § 1325(b)(3). N	Multip	oly the a	mount from Line 2	0 by the number 12 and	\$	3,000.00
22	Applic	Applicable median family income. Enter the amount from Line 16.				\$	43,123.00		
	Applic	ration of § 1325(b)(3). Che	ck the applicable box ar	nd pro	ceed as	directed.		Ψ	10,120100
23		e amount on Line 21 is mon 25(b)(3)" at the top of page						ined ur	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. CA	ALCULATION ()F I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Star	ndar	ds of th	e Internal Reve	nue Service (IRS)		
24A	Enter i	nal Standards: food, appar in Line 24A the "Total" amount able household size. (This in ptcy court.)	ount from IRS National	Stand	ards for	Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	House	ehold members under 65 y	ears of age	Hou	sehold 1	members 65 years	of age or older		
	a1.	Allowance per member		a2.	Allow	ance per member			
	b1.	Number of members		b2.	Numb	er of members			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie	Standards: housing and ut ss Standards; non-mortgage ole at <u>www.usdoj.gov/ust/</u> o	expenses for the applica	able c	ounty a	nd household size.		\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
		IRS Housing and Utilities S Average Monthly Payment				\$			
		home, if any, as stated in L	ine 47	y you		\$	T.		
		Net mortgage/rental expens				Subtract Line b fr		\$	
26	25B do Standa	Standards: housing and ut bes not accurately compute rds, enter any additional an tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS I	Iousing and Utilities		
								\$	

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local			
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e applicable Metropolitan Statistical Area or	\$	
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
28	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47			
29	c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	e IRS Local Standards: Transportation court); enter in Line b the total of the Average	\$	
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$	
31	Other Necessary Expenses: mandatory deductions for employmen deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluments.	retirement contributions, union dues, and	\$	
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.			
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$	

	O4 N E 1 12 E 1		
36	Other Necessary Expenses: health care. Enter the ave care that is required for the health and welfare of yoursel or paid by a health savings account, and that is in excess		
	payments for health insurance or health savings accou		\$
	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as		
3/	pagers, call waiting, caller id, special long distance, or in	nternet service-to the extent necessary for your health and	
,	welfare or that of your dependents. Do not include any	amount previously deducted.	\$
38	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$
	Subpart B: Additio	nal Living Expense Deductions	
	Note: Do not include any exp	penses that you have listed in Lines 24-37	
1	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonal dependents	avings Account Expenses. List the monthly expenses in oly necessary for yourself, your spouse, or your	
39	a. Health Insurance	\$	
	b. Disability Insurance	\$	
<u> </u>	c. Health Savings Account	\$	
	Total and enter on Line 39		\$
		your actual total average monthly expenditures in the space	
	below:		
	\$ Continued contributions to the core of household or f	omily members. Enter the total eveness actual monthly	
40 g	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.		
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you			\$
41	actually incur to maintain the safety of your family under	r the Family Violence Prevention and Services Act or other	
	applicable federal law. The nature of these expenses is re		\$
	Home energy costs. Enter the total average monthly am	nount, in excess of the allowance specified by IRS Local pend for home energy costs. You must provide your case	
42 1	trustee with documentation of your actual expenses, a		
•	claimed is reasonable and necessary.		\$
	Education expenses for dependent children under 18. actually incur, not to exceed \$137.50 per child, for attended to the content of the conte		
43	school by your dependent children less than 18 years of		
	documentation of your actual expenses, and you must	\$	
+	necessary and not already accounted for in the IRS Standards.		
	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and of	verage monthly amount by which your food and clothing clothing (apparel and services) in the IRS National	
44	Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/		
	or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.		\$
	<u> </u>	necessary for you to expend each month on charitable	Ψ
45	170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.		
—			
46	Total Additional Expense Deductions under § 707(b).	Enter the total of Lines 39 through 45.	\$

	\$	Subpart C: Deductions for De	bt Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				
	Name of Creditor a.	Property Securing the Debt	Average Monthly include taxes or insurance \$ □yes □no Total: Add Lines	\$	
48	motor vehicle, or other property necession deduction 1/60th of any amount payments listed in Line 47, in order to sums in default that must be paid in othe following chart. If necessary, list a	1 10	cured by your primary residence, a f your dependents, you may include in the creditor in addition to the The cure amount would include any are. List and total any such amounts in		
	Name of Creditor a.	Property Securing the Debt	1/60th of the Cure Amount \$ Total: Add Lines	\$	
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.				\$	
50	a. Projected average monthly Cl b. Current multiplier for your di issued by the Executive Offic information is available at wy the bankruptcy court.)	hapter 13 plan payment. strict as determined under schedules re for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of the expense of Chapter 13 case	amount in Line b, and enter the \$ x Total: Multiply Lines a and b	\$	
51	Total Deductions for Debt Payment	• Enter the total of Lines 47 through 5	0.	\$	
	S	Subpart D: Total Deductions f	rom Income		
52	Total of all deductions from income	• Enter the total of Lines 38, 46, and 5	1.	\$	
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)					
53	Total current monthly income. Enter the amount from Line 20.			\$	
54 1	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.			\$	
ļ ,	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).				
55	wages as contributions for qualified re	etirement plans, as specified in § 541(b	b)(7) and (b) all required repayments of	\$	

522 0 (0	(01/00)		•		
	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstant. If necessary, list additional entries on a separate page. Total the exprovide your case trustee with documentation of these expenses of the special circumstances that make such expense necessary.	aces and the resulting expenses in lines a-c be expenses and enter the total in Line 57. You see and you must provide a detailed explana	low. must		
57	Nature of special circumstances	Amount of Expense			
	a.	\$			
	b.	\$			
	c.	\$			
		Total: Add Lines	\$		
58	Total adjustments to determine disposable income. Add the arresult.	mounts on Lines 54, 55, 56, and 57 and enter	the \$		
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Lin	e 58 from Line 53 and enter the result.	\$		
	Part VI. ADDITIONAI	L EXPENSE CLAIMS			
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
60	Expense Description	Monthly Am	ount		
	a.	\$			
	b.	\$			
	c.	\$ \$			
	d. Total: Add Lines a				
	Part VII. VER	,, , , , , , , , , , , , , , , , , , , ,			
	rait vii. VEN	IFICATION			
	I declare under penalty of perjury that the information provided i <i>must sign.</i>)	n this statement is true and correct. (If this is	a joint case, both debtors		
61	Date: August 20, 2008	Signature: /s/ Christopher D Wy Christopher D Wyma			
		(Debtor)	a		

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2008 to 07/31/2008.

Line 9 - Income from all other sources

Source of Income: contribution from girlfriend

Income by Month:

6 Months Ago:	02/2008	\$250.00
5 Months Ago:	03/2008	\$250.00
4 Months Ago:	04/2008	\$250.00
3 Months Ago:	05/2008	\$250.00
2 Months Ago:	06/2008	\$250.00
Last Month:	07/2008	\$250.00
	Average per month:	\$250.00

Remarks:

Debtor obtained employment just prior to filing. He has had not income in the last siz months as the State of Michigan has suspended his builder's license.